

CONSTRUCTION PERMIT APPLICATION

FOR INFORMATION CALL: Village Office 715-677-4510	VILLAGE OF ROSHOLT P.O. Box 245 – ROSHOLT, WI 54473	PERMIT # _____ EXPIRATION DATE _____
Parcel # _____		

NAME OF APPLICANT: _____ Phone: _____ E-mail: _____	Additional approvals or permits required: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____
---	--

Building Site Address: _____	PROJECT DESCRIPTION (Submit Bldg. Plans & Site Plan)	Finished Project Value \$ _____
------------------------------	---	---------------------------------

Zoning District:	Zoning Permit No. _____	Corner Lot <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Height _____ Ft.	Setbacks:	Front _____	Rear _____	Left _____	Right _____
------------------	-------------------------	---	------------------------------	-----------	-------------	------------	------------	-------------

Property Owner's Name _____	Mailing Address: _____	Phone _____ E-mail _____
-----------------------------	------------------------	-----------------------------

Construction Contractor _____	WI License # _____	Mailing Address: _____	Phone _____ E-mail _____
-------------------------------	--------------------	------------------------	-----------------------------

Dwelling Contractor Qualifier _____	Owner or CEO	Mailing Address: _____	Phone _____ E-mail _____
-------------------------------------	---------------------	------------------------	-----------------------------

HVAC Contractor _____	WI License # _____	Mailing Address: _____	Phone _____ E-mail _____
-----------------------	--------------------	------------------------	-----------------------------

Electrical Contractor _____	WI License # _____	Mailing Address: _____	Phone _____ E-mail _____
-----------------------------	--------------------	------------------------	-----------------------------

Plumbing Contractor _____	WI License # _____	Mailing Address: _____	Phone _____ E-mail _____
---------------------------	--------------------	------------------------	-----------------------------

RESIDENTIAL	<input type="checkbox"/> Addition: <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion Control <input type="checkbox"/> Accessory Building: <input type="checkbox"/> Construction _____ sq.ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Remodel: <input type="checkbox"/> Improvement over \$4,000.00 <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Roof <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC Other: <input type="checkbox"/> Fence <input type="checkbox"/> Deck <input type="checkbox"/> Driveway or Parking Area <input type="checkbox"/> Removal of Structure (Raze)
--------------------	---

COMMERCIAL	<input type="checkbox"/> New Building: <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Erosion Control <input type="checkbox"/> Addition/Alteration: <input type="checkbox"/> Construction _____ sq.ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> Erosion Control State of Wisconsin Plan Approval Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Approved Plans and Conditionally approved letter must be submitted with permit application)
-------------------	--

ZONING – WHEN APPLICABLE, THE APPLICANT MUST OBTAIN A ZONING LAND USE PERMIT

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality, and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. I expressly grant the building inspector's authorized agent (if applicable) permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT SIGNATURE _____	DATE SIGNED _____
----------------------------------	--------------------------

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

--

IT IS THE OWNER/CONTRACTORS RESPONSIBILITY TO CALL IN ALL INSPECTIONS TO THE INSPECTOR (If applicable)

Permits issued: <input type="checkbox"/> Construction <input type="checkbox"/> Zoning	Permit issued by: <input type="checkbox"/> Village Board <input type="checkbox"/> Zoning Plan Commission <input type="checkbox"/> Clerk
---	---

Fees Paid: <input type="checkbox"/> Construction <input type="checkbox"/> Zoning	Date issued: _____	Permit Expires: _____
--	--------------------	-----------------------

Distribution: Issuing Jurisdiction Applicant Assessor Building Inspector (if applicable)